

Broward County Cares for Terminally Ill Inmates:

# HOSPICE

in the

# JAIL

In 1995, the Broward County Sheriff's Office, in collaboration with the jail's contracted medical provider, EMSA Correctional Care, became one of the first county jail systems in the country to develop an in-house hospice program. The county saw a need for the program to respond to the changing demographics of the inmate population. In comparison with the past, inmates tended to be older, had longer jail sentences, and often had more severe medical conditions, including terminal illnesses such as AIDS.

The average daily population (ADP) at our three jail sites in 1995 was approximately 3,603. The number of annual admissions exceeded 69,000, and the average length of stay was approximately 25 days. Today, the ADP exceeds 4,300 at four jail sites, and the number of admissions exceeds 81,000 annually; the average length of stay is approximately 22 days.

Before the hospice program was developed, inmates with terminal illnesses were transported, via a 911 call, to the nearest hospital as death approached. Jail staff were not prepared to deal with end-of-life issues. While correctional staff focused on care, custody, and control, health care staff were busy identifying and treating health problems and preventing declines in inmate health.

Medical Director Dr. William Haeck and Joan Bauersmith, the Director of Nursing, identified the need for more comprehensive care for terminally ill inmates in the jail system. Through a contract with a local hospice provider, they began to explore the possibilities. As the plan was developed, Broward Sheriff's Office administrators, the County Board of Commissioners, and local judicial representatives gave their approval to proceed with a hospice in the jail.

Having the hospice at a single facility made sense, and the North Broward Bureau facility was selected as the hospice program site because of its design and available space. Both the men's and women's infirmaries at the facility were

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staffed 24 hours a day, 7 days a week by registered and licensed practical nurses. A hospice room was designated in each infirmary area, and other beds were identified for use for hospice care if needed.

The rooms were completely redesigned to create an environment that reflects a palliative care philosophy and with the appropriate physical, psychological, social, and spiritual needs in mind. For hospice patients, regular hospital beds replaced steel frame beds welded to the floor. Local merchants donated new flooring and bed linens, and the Sheriff's Office provided a television and VCR. In addition, a talented inmate painted a mural that included the "Serenity Prayer."

The Sheriff's Office finalized a contract with a local hospice provider, Hospice By The Sea in Boca Raton, a facility that is Medicare-certified and accredited by the Joint Commission on Accreditation of Health Care Organizations. The hospice staff outlined the program for the corrections and health care staff. Both correctional and health care staff needed education on hospice philosophies, including Elizabeth Kubler Ross's perspectives on understanding death and the dying process. The educational efforts reached those throughout the local criminal justice system, including some judges and attorneys. Current employees receive updated training on the hospice philosophy annually from the Director of Nursing, and new employees receive training during their initial orientation.

### Referral to the Hospice Program

Potential hospice patients can be identified at the point of intake during an inmate's 14-day health assessment. Identification can also result from an inmate's visit to the Chronic Clinic or through a referral. Once a patient is identified as potentially needing hospice care, the Director of Nursing completes a Legal Care Plan. This confidential document includes information on the individual's next of kin, diagnosis, prognosis (if known), insurance information, and criminal charges. It also includes the name of the judge assigned to the case as well as public defender or attorney information.

#### Patients Served by the Broward County Sheriff's Office Hospice Program, 1995 to Present

Patients identified for hospice	102
Released to community care (institutional or home hospice services)	52
Died in jail	9
Died in a community hospital	2
Transferred to other county jail	4
Transferred to prison	12
Currently in jail	3

After this information is complete, the Medical Director and Director of Nursing meet with the patient to discuss advance directives, the living will, and DNR (Do Not Resuscitate) orders. If the patient does not execute an advance directive or designate a health care surrogate, or if the designee is no longer available, the court may appoint a guardian. If the patient already has a living will and/or DNR instructions, the medical staff requests a copy from the appropriate medical provider. The staff also obtains all contact information for family, friends, and caregivers.

The patient is then referred to the Hospice Review Committee. This committee meets monthly to discuss various aspects of each individual's case, such as

discharge planning, pending diagnostic testing, nursing care plans, mental status, alternative housing options, court case status, and daily living performance. This multi-disciplinary team also reviews the status of all patients who are potential hospice candidates based on their diagnosis and referral.

If a patient is unable to perform the activities of daily living, he/she is relocated to the infirmary. Once the Medical Director determines the patient is “hospice appropriate,” a hospice nurse and a social worker assess the patient within 24 hours—or immediately, if necessary. Based on the patient’s wishes, family members may be asked to meet with the medical staff.

Family visits are arranged through the Broward Sheriff’s Office in coordination with the chaplain. Hospice patients are allowed a 1-hour visit three times a week, and more frequent visits are permitted when the patient’s death is imminent. In some cases, families are present around the clock. Spiritual services, including weekly religious services, are provided jointly by the Broward Sheriff’s Office Chaplain and the spiritual care staff of Hospice By The Sea. In addition, volunteers from the Sheriff’s Office Volunteer Program spend time talking with and listening to the patients.

## Community Partnerships

As discharge planning for jail hospice patients begins, staff explore the patient’s eligibility for benefits such as Medicare and Medicaid, as these benefits are integral to any community release program. Hospice By The Sea provides home care to patients who are released, using the traditional hospice “benefit” model. In the case of an unanticipated release, Hospice By The Sea will admit the patient to its local care center. Unanticipated release can result from charges being dropped, bond being paid, and/or release on own recognizance (ROR).

The Broward County Health Department has established an HIV Jail/Linkage program for all inmates identified as HIV positive in the jail. Additional community linkages also exist with various nursing homes and community clinics.

## Operational Changes

The program had to overcome a number of obstacles, because implementing the hospice philosophy inside the jail setting required a number of changes:

- Hospice patients need **special beds** rather than one of the traditional metal bunks welded to the floor.
- Regular jail inmates are provided with wool blankets, which were not appropriate for hospice patients, so the jail acquired **new bed linen**, including comforters. These items required special laundering in order to keep them from disappearing, so the nursing staff on site assumed the responsibility of washing the comforters in the infirmary’s laundry area.
- Hospice patients have **special dietary requirements** that presented challenges. It is important to meet the patient’s needs and/or to try to

grant a dying patient's wish for a particular food. In a system developed to meet the needs of a large, diverse, confined population, very few therapeutic diets were available. However, meetings with the food service staff resulted in additional therapeutic diets being added to the approved list.

- It was also important to expand **visiting hours** for these patients. Once the Director of Detention accepted the rationale for these additional visiting hours, putting them in place was a matter of strengthening the lines of communication at every level. While allowing family, volunteers, and chaplains to spend more time with these patients reduced their feelings of isolation, the additional visiting hours placed increased burdens on custody staff. For example, not only were visitation procedures altered, but other inmates housed in the infirmary must be placed on lockdown status during such visits. In addition, family members were now being brought into the secure areas of the facility.

Although inmates in the hospice program are expected to die, death in the jail is never easy for staff. The common premise that "nobody dies in our jail" had to be viewed in a whole new light. This paradigm shift altered the conventional view that death in the jail is a high liability issue. The change in perspective had to take place not only with correctional staff but also with the media. Any death in the jail gets investigated, which at times feels like an inquisition. Actions and decisions get questioned, the medical examiner becomes involved, and the investigation wears on staff at every level. A strong support structure must therefore be in place for a jail hospice program to succeed.

In our county, mental health staff, including the Medical Director, had to increase their post-mortem outreach to other staff. Because the death of an inmate can be a tense and emotionally charged experience, the Chaplain and mental health staff proved to be key components in the program's success. The Broward County Sheriff's Office support staff from the Critical Incident Stress Management Team, including an Employee Assistance Program liaison and the Mental Health Unit Manager, also became involved.

**T**he success of Broward County's hospice program in the jail setting can be attributed to good communications at every level as well as to the dedication and commitment of all those involved. Relationships among health care staff, correctional staff, community agencies, and the judicial sector have also become stronger. Sheriff Ken Jenne's support and leadership have been important in maintaining staff morale. The program has succeeded because a multidisciplinary group of individuals has worked toward a common goal. ■

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